



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000003237</b> 1. Entity Name <b>WILLIE A. BATTLES MINISTRIES, INC.</b>	
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Principal Place of Business <b>2351 N.E. 200TH AVENUE WILLISTON, FL 32696</b>	Mailing Address <b>2351 N.E. 200TH AVENUE WILLISTON, FL 32696</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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**FILED**  
**06 APR 20 AM 11:50**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3647826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BATTLES, WILLIE A 2351 N.E. 200TH AVENUE WILLISTON, FL 32696</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTLES, WILLIE A 2351 N.E. 200TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTLES, SHARON 3990 NE 155TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEGALL, RHONDA 20090 N.E. 30TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATTLES, SHARON D 20090 N.E. 30TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**04/28/06--01052--013 \*\*122.50**

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IN THIS SPACE**

**K. Eckel APR 20 2006**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/13/06** **352-528-3536**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #